|                                                                                                                                 |                                                                                           |                                           |                 |                                     |              |                  |             | Application or Docket Number |                        |            |                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|-------------------------------------|--------------|------------------|-------------|------------------------------|------------------------|------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO                                                                                       |                                                                                           |                                           |                 |                                     |              |                  |             | )                            |                        | <u>.</u> / | •                   |                        |
| Effective October 1, 2003                                                                                                       |                                                                                           |                                           |                 |                                     |              |                  |             |                              |                        | // -       | 7 99                | 065                    |
| CLAIMS AS FILED - PART I                                                                                                        |                                                                                           |                                           |                 |                                     |              |                  |             | SMALL                        | ENTITY                 |            | _                   | RTHAN                  |
| T.                                                                                                                              | TAL CLAIMS                                                                                | · · · · · · · · · · · · · · · · · · ·     | (Column 1) (Col |                                     |              | <u>umn 2) :</u>  | TYPE        |                              |                        | OF         | SMALL               | ENTITY                 |
| TOTAL CLAIMS                                                                                                                    |                                                                                           |                                           | 45              |                                     | ;            |                  |             | RATE                         | FEE                    | 4          | RATE                | : FEE                  |
| FOR                                                                                                                             |                                                                                           |                                           | NUMBER FILED    |                                     | NUMBER EXTRA |                  |             | BASIC F                      | 385.00                 | OR         | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                         |                                                                                           |                                           | 4 3minus 20=    |                                     | 23           |                  |             | XŞ 9=                        | ·                      | OR         | X\$18=              | 414                    |
| INDEPENDENT CLAIMS                                                                                                              |                                                                                           |                                           |                 | inus 3 =                            |              | 7                |             | X43=                         |                        | OR         | X86=                | 602                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                |                                                                                           |                                           |                 |                                     |              |                  | •           | -145=                        |                        | OR         | -290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                        |                                                                                           |                                           |                 |                                     |              |                  | 1           | TOTAL                        |                        | OR         | TOTAL               | 786                    |
| CLAIMS AS AMENDED - PART II                                                                                                     |                                                                                           |                                           |                 |                                     |              |                  |             |                              |                        |            | OTHER               | THAN                   |
| (Column 1) (Column 2) (Column 3)                                                                                                |                                                                                           |                                           |                 |                                     |              |                  | _           | SMALL                        | ENTITY                 | OR         | SMALL               |                        |
| AMENDMENT (                                                                                                                     | al 106                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHI<br>NUME<br>PREVIO<br>PAID F   | BER          | PRESENT<br>EXTRA |             | RATE                         | ADDI-<br>TIONAL<br>FEE | -]         | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                                                                                                                             | Total                                                                                     | ·42                                       | Minus           | - 2                                 | 3            | = /              |             | XS 9=                        | /                      | OR         | XS18=               |                        |
| AME                                                                                                                             | Independent - / Minus                                                                     |                                           |                 |                                     | )            | - /              |             | X43=                         |                        | OR         | X86=                |                        |
|                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                            |                                           |                 |                                     |              |                  |             | +145=                        |                        | OR         | +290=               | . /                    |
|                                                                                                                                 |                                                                                           |                                           |                 |                                     |              |                  |             | TOTAL                        |                        |            | TOTAL               |                        |
|                                                                                                                                 |                                                                                           | (Column 1)                                |                 | (Colum                              | n 2) ·       | (Column 3)       | ,           | ADDIT, FEE                   | ·                      |            | ADDIT. FEE          |                        |
| A                                                                                                                               |                                                                                           |                                           | HIĞHEST         |                                     |              |                  | <del></del> | ADDI-                        | 7 1                    |            | ADDI-               |                        |
| AMENDMENT                                                                                                                       |                                                                                           | REMAINING<br>AFTER<br>AMENDMENT           |                 | PREVIO<br>PAID F                    | USLY         | PRESENT<br>EXTRA |             | RATE                         | TIONAL<br>FEE          |            | RATE                | TIONAL                 |
|                                                                                                                                 | Total                                                                                     | •                                         | Minus           | **                                  |              |                  |             | X\$ 9=                       |                        | OR         | X\$18=              |                        |
|                                                                                                                                 | Independent                                                                               |                                           | Minus           | ***                                 |              | =                | Ī           | X43=                         |                        | OR         | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                  |                                                                                           |                                           |                 |                                     |              |                  |             | +145=                        |                        | OR         | +290=               |                        |
|                                                                                                                                 |                                                                                           |                                           |                 |                                     |              |                  |             | TOTAL<br>DDIT. FEE           |                        | OR         | TÖTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                |                                                                                           |                                           |                 |                                     |              |                  |             | - · - <del>-</del>           | •                      |            |                     |                        |
| AMENDMENT                                                                                                                       |                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | ER<br>JSLY   | PRESENT<br>EXTRA | ſ           | RATE                         | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| ١٥                                                                                                                              | Total                                                                                     | •                                         | Minus           | **                                  |              | <b>a</b> .       |             | X\$ 9=                       |                        | OR         | X\$18=              |                        |
| ME                                                                                                                              | Independent                                                                               |                                           | Minus 🕶         |                                     |              |                  |             | X43=                         |                        | l          | X86=                |                        |
| `                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                            |                                           |                 |                                     |              |                  | H           | 7400                         |                        | OR         |                     |                        |
|                                                                                                                                 | +1  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                 |                                     |              |                  |             |                              |                        | OR         | +290=               |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter 20."                                           |                                                                                           |                                           |                 |                                     |              |                  |             |                              |                        | OR ,       | TOTAL<br>LODIT, FEE |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                           |                                           |                 |                                     |              |                  |             |                              |                        |            |                     | · ·                    |